

SPECIAL CASE CONFERENCENAME: VALERIE YOUNG C#: _____ UNIT: 314REASON FOR CONFERENCE: FREQUENT FALLSCONFERENCE DATE: April 20, 2005TEAM ATTENDANCE

| <u>NAME</u> | <u>TITLE</u> |
|-------------------|----------------|
| Celeste Gullto | ATP Supervisor |
| Meriam R. Kothary | Chief OT |
| Daniel T. Cignoni | S. P.-I. |
| Frank Barlow | R.N. |
| Teressa Dotson | Public Ass't |
| Serge Delgum | Pay mgr |
| Mykel King | pay |
| George | ATI |
| Alvin D. Dwayne | SWA III |
| Sharon Fehh | bus |
| Bethany Jones | COA/L II |
| Melvin Jarrow | D/A |
| | MD |
| Robert J. Funches | VII |

SPECIAL CASE CONFERENCENAME: Valerie YoungCON#: 090-0032UNIT: 314DATE: 4-20-05SUMMARY OF MEETING

Reason for conference: frequent falls

DISCUSSION:

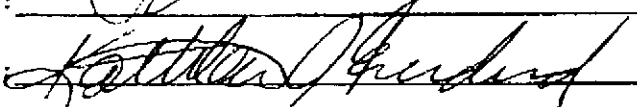
The team met to discuss Valerie's overall status, since she has exhibited multiple falls over the past year. The most recent fall was 4/15 in the am, where Valerie went down in the shower sustaining a laceration 2.5cm long over the left eyelid. The direct care staff that was assisting Valerie was utilizing the shower chair. Valerie was helped to stand up to be dressed, when she just fell towards one side. The team notes that over the year, Valerie had behavior highs/lows, two psychiatric hospitalizations and numerous medication changes. The physician feels that the most recent falls are contributed to medications which are sedating, and the left foot drop which is more pronounced. Also, when Valerie does not sleep the night before, her unsteadiness is more pronounced. Valerie was seen for her yearly neurology evaluation on 4-7-05 and chronic gait disorder was noted with left foot drop and high steppage gait. Physical therapy is recommended (with evaluation for possible orthosis for left foot), Vitamin B complex supplement and EMG/nerve conduction studies to be performed. The physician reviewed the recommendations made by the neurologist with the team and all agreed. In addition, due to sedation in the morning the psychiatrist and physician recommended lowering her AM dose of Zyprexa from 15mg to 10mg and then possibly to 5mg. All other medications will remain the same, since Valerie has shown improved behavioral response over the past couple of months. We will also refer to OT for a soft helmet for Valerie's protection since she has reinjured the same eyebrow/eyelid area. The team is unsure whether Valerie will tolerate the helmet, as it may cause some agitation; She will be observed closely when the helmet is obtained. As an extra precautionary measure, Valerie will be given a 2:1 during showering and will be escorted to her room to be dressed. [Team noted: whenever lowering Valerie's medications, there is a risk of extreme behavioral instability as a consequence; she will be monitored closely during the time of transition.] The physician recommended the continued use of a wheelchair until a) PT can evaluate Valerie, b) the helmet is obtained, c) medications are reduced and d) nerve conduction studies are performed.

RECOMMENDATIONS:

1. Wheelchair for all mobility needs
2. Morning dose of Zyprexa decreased from 15mg to 10mg (then to 5mg if needed)
3. Physical therapy evaluation
4. Referral to OT for helmet
5. Nerve conduction study/EMG testing to be scheduled.
6. 2:1 during showering with escort to bedroom for dressing on her bed.

Prepared by: 

Date: 4/20/05

Team leader: 

Date: 4/20/05

YOUNG 11/07 - 0010